

FEC FORM 2
STATEMENT OF CANDIDACY

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

17 JUL 14 PM 12:06

1. (a) Name of Candidate (in full) Jimmy Dale Copley II		
(b) Address (number and street) 92 Boy Scout Hollow		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Delbarton, WV 25670		2. FEC Candidate Identification Number
4. Party Affiliation Republican	5. Office Sought US Senate	6. State & District of Candidate West Virginia
3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Committee to Elect Bo Copley
(b) Address (number and street) PO Box 85
(c) City, State, and ZIP Code Delbarton, WV 25670

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date 7/11/17
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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PHONE (501) 222-1144

PAYMENT BY ACCOUNT (if applicable)**DELIVERY OPTIONS (Customer Use Only)**

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PHONE

☐ **SIGNATURE REQUIRED:** Note: The main card stock has "Signature Required" box at top right corner. Please sign below your name. If you are unable to sign, please print name in full. Indicate the addressee's signature. OR 2 purchases additional return OR 3 purchases additional return. Return Please specify. If the box is not checked, the Postal Service will assume the recipient is not responsible for delivery. If the box is checked, the addressee's signature on delivery, first, last, middle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

☐ No Saturday Delivery (delivered next business day)

☐ Sunday/Morning Delivery Required (additional fee, where available)

☐ 10:30 AM DELIV. (if not listed Post Office[®], where available)

• \$100.00 Insurance Included.

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MAILIN (POSTAL SERVICE USE ONLY)					
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Priority	<input type="checkbox"/> PO		
PO Zip Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage			
25676	7-11-17	\$ 83.75			
Date Accepted (MM/DD/YYYY) 7-11-17	Scheduled Delivery Time <input type="checkbox"/> 10-30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee			
Time Accepted 3:15	<input type="checkbox"/> Air <input type="checkbox"/> PM <input checked="" type="checkbox"/> PM	\$			
Weight 3.15	Return Receipt Fee	\$			
EPA Rate	Live Animal Transportation Fee	\$			
Net: 0.5 oz.	Surveyor's Holiday Premium Fee	Total Postage & Fees	\$ 83.75		
	Accepting Employee Initials DC				
DELIVERY (POSTAL SERVICE USE ONLY)					
Delivery Attempt (MM/DD/YYYY)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature		
7-11-17	12 PM		[Signature]		
Delivery Attempt (MM/DD/YYYY)			Address	3-ADDRESSEE CODE	

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United States Senate

OFFICE OF THE SECRETARY

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USPS PRIORITY MAIL 7/12/17
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USPS EXPRESS MAIL _____
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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

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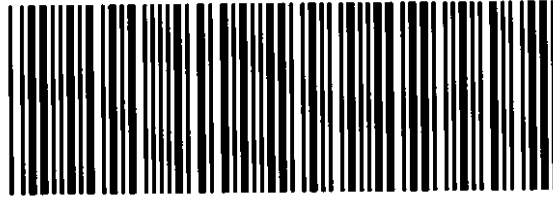
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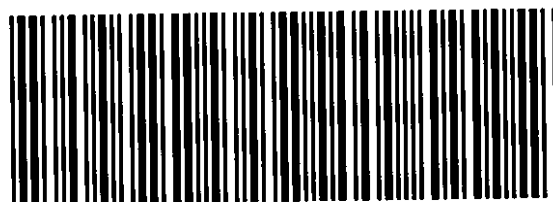
PREPARER DH DATE PREPARED 7-14-17

4/04/15

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